



Atty. Dkt. No. 251692002821 (062287-2821)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David J. SCHANZLIN, et. al.

Title: RADIAL INTRASTROMAL
CORNEAL INSERT AND A
METHOD OF INSERTION

Appl. No.: 08/993,696

Filing Date: December 18, 1997

Examiner: Willse, David H.

Art Unit: 3738

Confirmation No. 5525

<p>CERTIFICATE OF MAILING</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p><u>Mary R. Zimmerman</u> (Printed Name)</p> <p><u>[Signature]</u> (Signature)</p> <p><u>October 21, 2005</u> (Date of Deposit)</p>
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TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response to Notice of Non-Compliant Amendment in the above-identified application.

☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

☐ Assertion of Small Entity status is enclosed.

10/25/2005 WASFAW1 00000040 500872 08993696

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☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$1,020.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$1,020.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,020.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$610.00
TOTAL FEE:		\$610.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$610.00. A duplicate copy of this transmittal is enclosed.

☐ A check in the amount of \$610.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Oct. 21, 2005

By Antoinette F. Konski

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